

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

State: Colorado

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Rate

Date Submitted: 06/14/2013

SERFF Tr Num: RENA-129072448

SERFF Status: Closed-Filed

State Tr Num: 279048

State Status: Filed

Co Tr Num: COR-2014-EHB INDV RATES

Implementation Date Requested: 01/01/2014

Author(s): Denise Chadwell, Kristen Schrauben, Todd Svanda, Meredith Sharp, Mindy Biehl, Bethany Stecovich, Brandy Kline, Arielle Tokorcheck, Emily Matthews

Reviewer(s): Nichole Boggess (primary), Michael Muldoon, Amy Filler, Rachel Plummer, Cathy Gilliland, Scott Campbell

Disposition Date: 08/01/2013

Disposition Status: Filed

Implementation Date: 01/01/2014

State Filing Description:
Binder RENA-CO14-125002784

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

General Information

Project Name: Delta Dental Individual PPO, EHB Certified	Status of Filing in Domicile: Pending
Project Number: COR-2014-EHB INDV RATES	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments: Filed Concurrently
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/01/2013
	State Status Changed: 07/31/2013
Deemer Date:	Created By: Bethany Stecovich
Submitted By: Todd Svanda	Corresponding Filing Tracking Number:

Filing Description:

Re: Renaissance Life & Health Insurance Company of America (N.A.I.C. No. 61700)
FEIN# 47-0397286, Group No. 0477
Renaissance Individual Dental PPO, EHB Certified Rates (PPACA dental filing)
Form Number – QINVD-100A-Delta-2014-MT
SERFF Tracking No. RENA-129072448

Dear Sir or Madam:

On behalf of Renaissance Life & Health Insurance Company of America, we are filing a PPACA dental filing for a new Individual Stand-Alone Dental Product that includes the Essential Health Benefit ("EHB") of pediatric dental that we request be "exchange-certified" by the Department. This filing includes the rates that will be used off the exchange only. Enclosed are the following documents:

1. The rates; and
2. Any appropriate transmittal forms.

These rates are intended to be used effective January 1, 2014. The forms are being filed concurrently through SERFF Tracking No. RENA-129073737

Should you have any questions or require any additional information, please contact me directly at (517) 347-5273, by e-mail at bstecovich@renaissancefamily.com, or via SERFF. Thank you in advance for your consideration.

Sincerely,

Bethany A. Stecovich
Compliance Specialist
Legal and Compliance Department
Renaissance Life & Health Insurance Company of America

Company and Contact

Filing Contact Information

Bethany Stecovich, Compliance Specialist bstecovich@renaissancefamily.com

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		
P.O. Box 30381	517-347-5273 [Phone]		
Lanisng, MI 48909	888-827-8060 [FAX]		

Filing Company Information

Renaissance Life & Health Insurance Company of America	CoCode: 61700	State of Domicile: Indiana
P.O. Box 30381	Group Code: 477	Company Type: Life & Health
Lansing, MI 48909-7881	Group Name:	State ID Number: CO
(800) 745-7509 ext. [Phone]	FEIN Number: 47-0397286	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 700 and 701

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Cathy Gilliland	08/01/2013	08/01/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Nichole Boggess	07/29/2013	07/29/2013
Pending Industry Response	Scott Campbell	07/29/2013	07/29/2013
Pending Industry Response	Cathy Gilliland	07/16/2013	07/16/2013
Pending Industry Response	Nichole Boggess	07/11/2013	07/11/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Nichole Boggess	06/25/2013	06/25/2013
Pending Industry Response	Nichole Boggess	06/25/2013	06/25/2013

Response Letters

Responded By	Created On	Date Submitted
Arielle Tokorcheck	07/29/2013	07/29/2013
Arielle Tokorcheck	07/29/2013	07/29/2013
Bethany Stecovich	07/18/2013	07/18/2013
Bethany Stecovich	07/18/2013	07/18/2013
Bethany Stecovich	07/08/2013	07/08/2013
Bethany Stecovich	07/09/2013	07/09/2013
Bethany Stecovich	06/25/2013	06/25/2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disregard Note	Note To Filer	Rachel Plummer	07/23/2013	07/23/2013
Mineral County Clarification	Note To Filer	Rachel Plummer	07/23/2013	07/23/2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Disposition

Disposition Date: 08/01/2013
Implementation Date: 01/01/2014
Status: Filed

Comment: Rate Implementation Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014
This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans
Adult Dental Paired with Child Dental: 2 plans (High AV plan, and Low AV plan).

Premium retention is 18.1% shown as follows:
Admin expenses: 11.1%
Commissions: 2.5%
Premium Tax: 2.0%
Profit: 1.0%
Risk Margin: 1.5%

Final Rate Filing Disposition
The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filin

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Renaissance Life & Health Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Actuarial Certification		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Nationwide Experience		Yes
Form	Individual Dental Policy		Yes
Form	Individual Dental Application		Yes
Form	Individual Hgh Summary		Yes
Form	Individual Low Summary		Yes
Rate (revised)	Colorado Exhibits		Yes
Rate	Colorado Exhibits		Yes
Rate (revised)	Colorado Actuarial Memorandum		Yes
Rate	Colorado Actuarial Memorandum		Yes
Rate	Colorado Actuarial Memorandum		Yes
Rate	Experience Exhibits		Yes
Rate	Exhibits 2		Yes
Rate	Colorado Actuarial Certification		Yes

Final Disposition Letter

State Tracking #279048

Company: Renaissance Life & Health Insurance Company

Product Line: Individual Dental Off-Exchange, Delta Dental Administered Plans & Network.

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans

Adult Dental Paired with Child Dental: 2 plans (High AV plan, and Low AV plan).

Rate Methodology

Experience Used for Rate Setting: For the adult plans policy INVD-100A-Delta was used for the rate development of the current rates. For the Pediatric Plans Nationwide data was used in the development of the Colorado rates. The nationwide base rates were developed by analyzing incurred claims experience from July 1, 2011 – June 30, 2012 for states with similar practice patterns and patient experience. The study data used to develop the nationwide base rates comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine the cost and utilization differences.

2012 Experience Period Loss Ratio:

Nationwide experienced a 81.9% loss ratio based on 1,055,260 member months (average of 87,938 members) with \$43.8 Million in premium (\$41.50 pmpm).

Colorado experienced a 75.9% loss ratio based on 182 member months (average of 15 members) with \$6,551 in premium (\$35.99 pmpm).

Annual Dental Cost Trends: 3.5%.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Premium retention is 18.1% shown as follows:

Admin expenses: 11.1%

Commissions: 2.5%

Premium Tax: 2.0%

Profit: 1.0%

Risk Margin: 1.5%

Final Disposition Letter

Sample of Final Premium Levels

	Age*		High AV		Low AV	
			Min	Max	Min	Max
Delta Dental Individual PPO, EHB Certified	Denver	0-20	\$36.06	\$36.06	\$25.59	\$25.59
		21	\$36.06	\$36.06	\$25.59	\$25.59
		64	\$40.98	\$40.98	\$29.30	\$29.30
	Fort Collins	0-20	\$36.06	\$36.06	\$25.59	\$25.59
		21	\$36.06	\$36.06	\$25.59	\$25.59
		64	\$40.98	\$40.98	\$29.30	\$29.30
	Grand Junction	0-20	\$36.06	\$36.06	\$25.59	\$25.59
		21	\$36.06	\$36.06	\$25.59	\$25.59
		64	\$40.98	\$40.98	\$29.30	\$29.30
	Pueblo	0-20	\$36.06	\$36.06	\$25.59	\$25.59
		21	\$36.06	\$36.06	\$25.59	\$25.59
		64	\$40.98	\$40.98	\$29.30	\$29.30

Division Objections and Rate Changes During the Review Process

Renaissance was able to answer all Division questions and provide support.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2013
Submitted Date	07/29/2013
Respond By Date	07/30/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please remove everything except the rate manual from the rate / rule schedule tab and upload on the supporting documents tab.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/30/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2013
Submitted Date	07/29/2013
Respond By Date	07/30/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Exhibits 2, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: From the pure premium rates provided from this exhibit, when we added all factors (Operating expenses, profit margin, etc) we could not match the rates provided in the CO Delta Dental Ind PPO Exhibits. Please provide how you reached the rates that are in that exhibit and also in the rate data template.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

*Sincerely,
Scott Campbell*

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/16/2013
Submitted Date	07/16/2013
Respond By Date	07/18/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the the Actuarial Certification and label it as Actuarial Certification. Please attach and label the Actuarial Memorandum seperately.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/18/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/11/2013
Submitted Date	07/11/2013
Respond By Date	07/18/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct the filing type mode on the general information tab to be file and use.

Objection 2

- Actuarial Certification (Supporting Document)

Comments: Please provide all supporting information used to develop these rates. This would include the dental trend development, cost and utilization differences, along with any other information used to develop the rates.

Objection 3

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/18/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/12/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please upload your dental rate manual and attach under the Rate/Rule Schedule tab of the rate filing.

Objection 2

Comments: There are errors with your Dental Rate Template submitted in the binder. The file has 4 tabs, 3 are blank but have quarterly effective dates filled out. Please correct this template and resubmit.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/25/2013
Submitted Date	06/25/2013
Respond By Date	07/09/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct the filing type mode on the general information tab to be file and use.

Objection 2

Comments: Please update the filing method on the rate / rule schedule tab to neutral.

Objection 3

Comments: Please provide the rating manual used in developing the rates. Please attach this to the rate / rule schedule tab.

Objection 4

Comments: Please attach the Colorado Actuarial Memorandum to the supporting documentation tab.

Objection 5

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (C) At a minimum, the proposed implementation date of the rates must be provided. If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Objection 6

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (L): Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

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12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.

Objection 7

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (M) Please provide the following information: Credibility: The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

1. The memorandum shall discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Collateral data used to support partially credible Colorado data, including published data sources (including affiliated carriers) must be provided and applicability of the use of such data must be discussed. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT} \{(\# \text{ life years or claims}) / \text{full credibility standard}\}$. The full credibility standard is defined above. Colorado data must still be provided.

2. The memorandum shall also discuss how and if the aggregated data meets the Colorado credibility requirement. Any filing, which bases its conclusions on partially credible data, should include a discussion as to how the rating methodology was modified for the partially credible data.

Objection 8

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.

3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.

a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.

b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Objection 9

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/09/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/09/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/25/2013
Submitted Date	06/25/2013
Respond By Date	06/28/2013

Dear Bethany Stecovich,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please advise if this filing or filing number RENA-129022756 are duplicate filings.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/28/2013, which is within 3 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/28/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Nichole Boggess,

Introduction:

See below for response.

Response 1

Comments:

Everything except the rate manual (exhibits) has been removed from the Rate Tab, and the remaining items have been attached to the Supporting Documentation Tab. Thank you.

Related Objection 1

Comments: Please remove everything except the rate manual from the rate / rule schedule tab and upload on the supporting documents tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Nationwide Experience
Comments:	
Attachment(s):	CO Delta Ren Ind Experience.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Arielle Tokorcheck

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Nichole Boggess,

Introduction:

Please see below for objection response.

Response 1

Comments:

The rates in the rate data template are adult rates for the individual product. Experience from this population was analyzed to determine the adult rates. The Delta Dental Individual PPO filing certifies the available coverage of EHB pediatric benefits with this product. Due to the population that this product is marketed to, most of the subscribers (and expected subscribers) are over 65 years of age. This does not necessitate incorporating the pediatric rate in the final rate development. Experience will be monitored to determine whether the actual enrollment differs, and rates will be adjusted in future filings.

Related Objection 1

Applies To:

- Exhibits 2, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: From the pure premium rates provided from this exhibit, when we added all factors (Operating expenses, profit margin, etc) we could not match the rates provided in the CO Delta Dental Ind PPO Exhibits. Please provide how you reached the rates that are in that exhibit and also in the rate data template.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Arielle Tokorcheck

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2013
Submitted Date	07/18/2013

Dear Nichole Boggess,

Introduction:

In response to the objection below;

Response 1

Comments:

These have been submitted under the 7/11/13 objection.

Related Objection 1

Comments: Please provide the the Actuarial Certification and label it as Actuarial Certification. Please attach and label the Actuarial Memorandum seperately.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for continued review.

Sincerely,

Bethany Stecovich

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2013
Submitted Date	07/18/2013

Dear Nichole Boggess,

Introduction:

In response to the objections below;

Response 1

Comments:

This has been corrected as a post submission update.

Related Objection 1

Comments: Please correct the filing type mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The rates filed and approved with Colorado for the Delta/Ren Product (Form INVD-100A-Delta-CO) were not increased for this new product. The business decision to not increase in any of the 51 states we file this product was based upon the projected A/E (95.3%) for 2014 as seen in the Exhibit 1. More data for the development of the 2013 rates can be seen in the Colorado rate filing, SERFF tracking number: RENA-128161486.

Please see the Section L in the Actuarial Memorandum. The claims trend experience referred to Section L is monitoring the submitted amounts for the dental procedures by dentists (see Exhibit 2 for an example). The actual claim amounts paid are limited by the maximum allowed amounts as set by Delta Dental.

Please see the Exhibit 3 for the AV Calculation for the high and low pediatric plans.

Related Objection 2

Applies To:

- Actuarial Certification (Supporting Document)

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Comments: Please provide all supporting information used to develop these rates. This would include the dental trend development, cost and utilization differences, along with any other information used to develop the rates.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18 Certification.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO Actuarial Memorandum - Delta_Ren.pdf
Satisfied - Item:	Actuarial Memorandum
Comments:	See attached
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18.pdf

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18 Certification.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO Actuarial Memorandum - Delta_Ren.pdf

Satisfied - Item:	Actuarial Memorandum
Comments:	See attached
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18.pdf

No Form Schedule items changed.

SERFF Tracking #:

RENA-129072448

State Tracking #:

279048

Company Tracking #:

COR-2014-EHB INDV RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Exhibits	QINVD-100A-Delta-2014-CO	New		CO Delta Dental Ind PPO Exhibits - 2014.pdf,	07/18/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Exhibits	QINVD-100A-Delta-2014-CO	New		CO Delta Dental Ind PPO Exhibits - 2014.pdf,	06/14/2013 By: Todd Svanda
2	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV 7-18.pdf,	07/18/2013 By: Bethany Stecovich
<i>Previous Version</i>						
2	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
2	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda
3	Exhibits 2	QINVD-100A-Delta-2014-CO	New		CO Exhibits 2.xlsx,	07/18/2013 By: Bethany Stecovich
4	Colorado Actuarial Certification	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV 7-18 Certification.pdf,	07/18/2013 By: Bethany Stecovich

Response 3**Comments:**

Please see Item P on the revised Actuarial Memorandum.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Related Objection 3

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/08/2013
Submitted Date	07/08/2013

Dear Nichole Boggess,

Introduction:

In response to the objections below;

Response 1

Comments:

Please see Exhibit 1 which is attached in the Rate/Rule schedule. Exhibit 1 contains all of the rate information.

Related Objection 1

Comments: Please upload your dental rate manual and attach under the Rate/Rule Schedule tab of the rate filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please scroll up on the template, the rating information starts on Line 14. Sorry for the inconvenience.

Related Objection 2

Comments: There are errors with your Dental Rate Template submitted in the binder. The file has 4 tabs, 3 are blank but have quarterly effective dates filled out. Please correct this template and resubmit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2013
Submitted Date	07/09/2013

Dear Nichole Boggess,

Introduction:

In response to the objections below;

Response 1

Comments:

Renaissance is seeking exchange certification for this filing by the Department to be approved for use in the State of Colorado. We are concerned that by selecting file and use under the general information tab, this will limit the Department from certifying the product as exchange certified. Therefore, Renaissance has not changed this filing from review and approval. Should the Department require a change to this filing, please let us know.

Related Objection 1

Comments: Please correct the filing type mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Is this referring to the Rate Change type or the Filing Method? I have updated the Rate Change Type to Neutral as a Post-Submission Update.

Related Objection 2

Comments: Please update the filing method on the rate / rule schedule tab to neutral.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:	RENA-129072448	State Tracking #:	279048	Company Tracking #:	COR-2014-EHB INDV RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)				
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES				

No Rate/Rule Schedule items changed.

Response 3

Comments:

A rate manual is not used for RLHICAs individual business. Under the Rate/Rule Schedule tab, the attached document, CO Delta Dental Ind PPO Exhibits 2014, provides all rates and guidelines available for this individual product.

Related Objection 3

Comments: Please provide the rating manual used in developing the rates. Please attach this to the rate / rule schedule tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The revised Memorandum has been attached in the supporting documentation tab under Actuarial Certification.

Related Objection 4

Comments: Please attach the Colorado Actuarial Memorandum to the supporting documentation tab.

Changed Items:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO Actuarial Memorandum - Delta_Ren.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

January 1st, 2014 Please see C. of the Actuarial Memorandum

Related Objection 5

Applies To:

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (C) At a minimum, the proposed implementation date of the rates must be provided. If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Changed Items:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO Actuarial Memorandum - Delta_Ren.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda

Response 6

Comments:

Please note that this is a dental only filing and as such very little of the above mentioned medical trends are appropriate to use (for example deductible leveraging does not materially occur in dental).

Since this is a new product filing, there is no empirical evidence to support the trends that were selected. Renaissance has selected two nationwide benchmarks (see section L trend) in addition to nationwide claims experience that was used to analyze and select a trend assumption for 2014. Note that the 3.5% trend assumption for 2014 was selected to incorporate unknown cost and utilization impacts with ACA reforms and is a reasonable and appropriate assumption to use in stand-alone Dental insurance rate development.

Related Objection 6

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Applies To:

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (L): Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.

2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.

3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.

4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda

Response 7

Comments:

Please review updated section M in the revised Actuarial Memorandum.

Related Objection 7

Applies To:

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (M) Please provide the following information: Credibility: The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

1. The memorandum shall discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Collateral data used to support partially credible Colorado data, including published data sources (including affiliated carriers) must be provided and applicability of the use of such data must be discussed. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{ life years or claims})/\text{full credibility standard}\}$. The full credibility standard is defined above. Colorado data must still be provided.

2. The memorandum shall also discuss how and if the aggregated data meets the Colorado credibility requirement. Any filing, which bases its conclusions on partially credible data, should include a discussion as to how the rating methodology was modified for the partially credible data.

Changed Items:

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	CO Actuarial Memorandum - Delta_Ren.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda

Response 8

Comments:

Please see attached Exhibits 1 and 2 for Statewide and Nationwide experience for the Delta/Ren Individual product. Since this is a new product, there is no experience to display. However, the data contained in the Exhibits 1 and 2 represent experience from a similar form for which the rate development was based on.

Related Objection 8

Applies To:

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.
2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.
3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.
4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.
 - a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.
 - b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda
2	Experience Exhibits	QINVD-100A-Delta-2014-CO	New		CO Delta Ren Ind Experience.pdf,	07/09/2013 By: Bethany Stecovich

Response 9

Comments:

The Loss Ratio (Incurred claims divided by total premium) projections are included in the Actuarial memo section I. Since this is a new product filing, there is not a requested rate change to include. The projections are based on experience from a similar form.

Related Objection 9

Applies To:

- Colorado Actuarial Memorandum, [QINVD-100A-Delta-2014-CO] (Rate)

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV.pdf,	07/09/2013 By: Bethany Stecovich
<i>Previous Version</i>						
1	Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo.pdf,	06/14/2013 By: Todd Svanda

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/25/2013
Submitted Date	06/25/2013

Dear Nichole Boggess,

Introduction:

In response to the objection below;

Response 1

Comments:

These are not duplicate filings.

Both this filing and RENA-129022756 are individual stand-alone dental products underwritten by Renaissance Life and Health Insurance Company of America. This plan is underwritten by Renaissance, but administered by Renaissance's affiliate, Delta Dental Plan of Michigan, Inc. and utilizes the Delta Dental network of providers.

RENA-129022756 is both underwritten and administered by Renaissance and utilizes different provider networks.

The two products are also marketed differently. This plan is only available to select individuals where the individual is a member of certain groups or associations and approval from the Delta Dental Plans Association is granted to solicit the individuals. The other plan is available to the general population.

Additionally, the plan designs and covered benefits vary between the two products.

Related Objection 1

Comments: Please advise if this filing or filing number RENA-129022756 are duplicate filings.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review.

Sincerely,

Bethany Stecovich

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Note To Filer

Created By:

Rachel Plummer on 07/23/2013 04:16 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/31/2013 11:08 PM

Subject:

Disregard Note

Comments:

Please disregard the "Note to Filer" made on 7/23/2013. This note doesn't apply to the Renaissance Life dental filing.

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Note To Filer

Created By:

Rachel Plummer on 07/23/2013 04:14 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/31/2013 11:08 PM

Subject:

Mineral County Clarification

Comments:

In response to objection 3 made on 7/14/2013,

Mineral county should be in rating area 8, not 10. We apologize for this confusion.

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Post Submission Update Request Processed On 07/10/2013

Status: Allowed

Created By: Bethany Stecovich

Processed By: Nichole Boggess

Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Rate Change Type	Neutral	

State: Colorado **Filing Company:** Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Post Submission Update Request Processed On 07/19/2013

Status: Allowed

Created By: Bethany Stecovich

Processed By: Nichole Boggess

Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Form Schedule

Lead Form Number: QINV D-100A-Delta-2014-CO								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Dental Policy	QINV D-100A-Delta-2014-CO	POL	Initial			
2		Individual Dental Application	QINV D-103A-Delta-2014	AEF	Initial			
3		Individual Hgh Summary	QINV D-101A-Delta-2014-HIGH	SCH	Initial			
4		Individual Low Summary	QINV D-101A-Delta-2014-LOW	SCH	Initial			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approve
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Renaissance Life & Health Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

RENA-129072448

State Tracking #:

279048

Company Tracking #:

COR-2014-EHB INDV RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Colorado Exhibits	QINVD-100A-Delta-2014-CO	New		CO Delta Dental Ind PPO Exhibits - 2014.pdf,
2		Colorado Actuarial Memorandum	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV 7-18.pdf,
3		Experience Exhibits	QINVD-100A-Delta-2014-CO	New		CO Delta Ren Ind Experience.pdf,
4		Exhibits 2	QINVD-100A-Delta-2014-CO	New		CO Exhibits 2.xlsx,
5		Colorado Actuarial Certification	QINVD-100A-Delta-2014-CO	New		2014 CO Delta Ind Act Memo REV 7-18 Certification.pdf,

SERFF Tracking #:	RENA-129072448	State Tracking #:	279048	Company Tracking #:	COR-2014-EHB INDV RATES
<hr/>					
State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)				
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES				

Attachment CO Exhibits 2.xlsx is not a PDF document and cannot be reproduced here.

Exhibit 1
Renaissance Life & Health Insurance Company of America
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO
Plan Design and Rate Summary for Colorado

<u>Plan Description</u>	Certified High Plan		Certified Low Plan	
	85% AV		70% AV	
Service Class:	Adult	Pediatric	Adult	Pediatric
Preventative & Diagnostic	100%/80%*	100%	50%	90%/80%*
Emergency Palliative Treatment	100%/80%*	100%	50%	90%/80%*
Radiographs - Bitewings	100%/80%*	100%	50%	90%/80%*
Radiographs - All other	80%/60%*	100%	50%	90%/80%*
Periodontal Prophylaxes	80%/60%*	80%/60%*	50%	50%
Denture Repair, Rebase, Relining	80%/60%*	80%/60%*	50%	50%
Oral Surgery	50%	80%/60%*	50%	50%
Minor Restorative	80%/60%*	80%/60%*	50%	50%
Periodontics	50%	80%/60%*	50%	50%
Endodontics	50%	80%/60%*	50%	50%
Major Restorative	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	\$50	\$0	\$50	\$0
Plan Maximum	\$1,000	N/A	\$1,000	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400
<u>Proposed Rates</u>				
Ages 55+ Rate Per Person	\$40.98		\$29.30	
Administrative Cost %	20.00%		25.50%	
Ages 54- Rate 1-Party	\$36.06		\$25.59	
Ages 54- Rate 2-Party	\$69.60		\$49.13	
Ages 54- Rate Family	\$118.55		\$81.38	
Administrative Cost %	22.73%		29.20%	

* In Network/Out of Network

**Maximum out-of-pocket amount per Child/Family

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of initial rates for two plans under the Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing).

2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$22.75

The projected Index rate for the 70% AV pediatric dental plan is \$18.29

These are the only two EHB compliant pediatric dental products that will be offered in the Individual market. These products are subject to 45 CFR Part 156.80(d). A Pediatric plan is paired in conjunction with the plan design of the chosen individual product. See Exhibit 1 for further detail.

3. **Marketing Methods:** This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:

Plan Designs

The differences in the plans are the:

- Coinsurance percentages
- Network reimbursement
- Deductible
- Maximum payments (plan maximum for adults or out-of-pocket maximum for children)

Individual Characteristics

- Attained age of the insured upon issue and renewal
- Rating structure
 - 1-Person (ages 55 and older)
 - 1-Party/2-Party/Family (ages 54 and younger)

5. **Product Descriptions:** Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional

details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

6. **Policy/Rider Forms Impacted:** Policy form QINVD-100A-Delta-2014-CO is affected by this rate filing.
7. **Age Basis for Premiums:** Premiums will be charged on a renewal age basis in that the rates will be based on attained age upon issue and renewal.
8. **Renewability provision:** These policies are conditionally renewable.

B. Assumption or Acquisition

This product was not part of an assumption or acquisition of policies from another company.

C. Rating Period

The requested rates will be effective for new business as of 01/01/2014.

D. Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

E. Effect of Law Changes

Federal Law requires Individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for Pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for Pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Included in the attached Exhibits are the plan designs and proposed rates for the EHB Compliant Pediatric dental plans.

Under this from, the EHB pediatric coverage will apply to all individuals who qualify for pediatric coverage under State law. Non-EHB benefits will be available for all other individuals as specified in the policy.

F. Rate History

This is a new product filing. No rate adjustment history is available.

G. Coordination of Benefits

The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

	<u>Nationwide</u>	<u>Colorado</u>
Operating Expenses	10.4%	8.94%
Profit Margin	1.0%	1.0%
Premium Taxes	2.0%	2.0%
ACA Tax	0.7%	0.7%
Commissions & Brokerage	2.5%	2.5%
Contingencies	<u>1.5%</u>	<u>1.5%</u>
Total Retention	18.1%	16.64%

I. Projected Loss Ratio Experience

Nationwide Results		CO Results
Lifetime Loss Ratio	81.9%	83.36%
Future Loss Ratio	81.9%	83.36%
Minimum Loss Ratio	60.0%	60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined

Adult plans: For the adult plans, no additional rate development was utilized for this rate filing. Please see the 2013 rate filing for the policy INVD-100A-Delta for the rate development of the current rates.

Pediatric Dental (EHB compliant): For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits.

Adjustments were made according to both cost and utilization fee differences. The study data used to develop the relativities between the nationwide data and the state data comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine these cost and utilization differences.

For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

L. Trend

The trend assumption used in the development of the Pediatric rates is 3.5% per year. The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility

No experience is available since this is a new product filing. Experience from a similar product was used to determine initial rates for this product.

Colorado experience is not fully credible. Using the guidelines presented in CO Regulation 4-2-11 Section 6 (M), the credibility weighting is 12.9% (33 Actual Life years / 2,000 as full standard over 3 years). Nationwide data was used in the development of the Colorado rates. See attached Exhibits 1 and 2 for experience for the Delta / Ren Individual product.

N. Data Requirements

No experience is available since this is a new product filing.

O. Side-by-Side

This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections

	<u>Adult Rates</u>	<u>Pediatric Rates</u>
Projected Premiums (Annual)	\$468	\$302
Projected Incurred	\$363	\$252
Projected Benefits Ratio	0.7753	0.8336
Requested Rate Change	0.0%	N/A

Q. Other Factors

1. Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

2. Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

3. Expenses

Total administrative expenses for this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 16.64%.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

4. Area Factors

The premium rates do not vary by area within the state of Colorado.

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type.

All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

R. **Rating Manuals and Underwriting Guidelines:** Please see the submitted CO Delta Ren Act Memo Exhibits.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17th, 2013

Exhibit 1
Renaissance Life & Health Insurance Company of America
Form Number QINVD-100A-Delta-2014
Delta/Ren Colorado Experience

Most Recent 4 Quarters

	Earned Premium	Paid Claims	Change in Clm Liab	Incurred Claims	Incurred Loss Ratio	Expected Incurred Claims	Expected Loss Ratio	A/E Claims Ratio	Active Life Reserves as of Year End	Earned Prem Current Rate Basis	Exposure In Member Months	Number of Claims
	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(l)	(m)
Apr-12 - Mar-13	\$10,423	\$6,589	\$150	\$6,739	64.7%	\$8,651	83.0%	77.9%	0	10,423	223	104

Projection Assumptions

Rate Increase effective 1/1/2014: 0.00% Claim Trend^Δ: 3.50% Insurance Trend: 0.00% Lapse Rate^{**}: 0.00%

With Requested Increase

Calendar Year	Earned Premium	Paid Claims	Change in Clm Liab	Incurred Claims	Incurred Loss Ratio	Expected Incurred Claims	Expected Loss Ratio	A/E Claims Ratio	Active Life Reserves as of Year End	Earned Prem Current Rate Basis	Exposure In Member Months	Number of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(l)	(m)
2007*	\$0	\$0	\$0	\$0	0.0%	0	88.6%	0.00%	\$0	\$0	-	-
2008	\$864	\$1,882	\$70	\$1,951	225.8%	766	88.6%	254.89%	\$0	\$1,137	24	19
2009	\$3,000	\$3,650	\$201	\$3,851	128.4%	2,467	82.2%	156.11%	\$0	\$3,223	68	24
2010	\$3,875	\$5,152	(\$92)	\$5,060	130.6%	3,186	82.2%	158.85%	\$54	\$4,218	89	65
2011	\$6,252	\$4,410	(\$52)	\$4,357	69.7%	5,141	82.2%	84.76%	\$89	\$6,208	131	70
2012	\$8,625	\$6,551	(\$3)	\$6,548	75.9%	7,092	82.2%	92.33%	\$0	\$8,625	182	89
2013	\$13,648			\$10,724	78.6%	11,222	82.2%	95.56%				
2014	\$13,648			\$11,099	81.3%	11,222	82.2%	98.91%				
2015	\$14,621			\$11,488	78.6%	12,021	82.2%	95.56%				
2016	\$14,621			\$11,890	81.3%	12,021	82.2%	98.91%				
2017	\$15,662			\$12,306	78.6%	12,877	82.2%	95.56%				
2018	\$15,662			\$12,737	81.3%	12,877	82.2%	98.91%				
2019	\$16,777			\$13,183	78.6%	13,794	82.2%	95.56%				
2020	\$16,777			\$13,644	81.3%	13,794	82.2%	98.91%				
2021	\$17,972			\$14,121	78.6%	14,777	82.2%	95.56%				
Past	\$13,991			\$15,220	108.8%							
Future	\$148,014			\$117,740	79.5%							
Lifetime	\$162,005			\$132,959	82.1%							

Exhibit 2
Renaissance Life & Health Insurance Company of America
Form Number QINVD-100A-Delta-2014-CO
Delta/Ren Nationwide Experience

Most Recent 4 Quarters

	Earned Premium (b)	Paid Claims (c)	Change in Cln Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Earned Prem Current Rate Basis (k)	Exposure In Member Months (l)	Number of Claims (m)
Apr-12 - Mar-13	\$46,873,421	\$33,745,104	\$770,255	\$34,515,359	73.6%	\$38,904,940	83.0%	88.7%	0	46,873,421	1,142,174	622,967

Projection Assumptions

Claim Trend: 3.50% Insurance Trend: 0.00% Lapse Rate**: 0.00%

With Requested Increase

Future Premium increases equal claim trend

Calendar Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Cln Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Earned Prem Current Rate Basis (k)	Exposure In Member Months (l)	Number of Claims (m)
2007*	\$3,585,158	\$3,195,782	\$149,948	\$3,345,731	93.3%	3,176,450	88.6%	105.3%	\$0	\$3,149,346	73,400	55,090
2008	\$12,373,245	\$11,089,076	\$410,637	\$11,499,713	92.9%	10,962,695	88.6%	104.9%	\$0	\$14,429,887	331,430	199,804
2009	\$31,723,104	\$24,697,279	\$1,358,075	\$26,055,354	82.1%	26,336,109	83.0%	98.9%	\$102,304	\$33,259,158	782,756	201,676
2010	\$39,877,854	\$31,971,618	(\$569,905)	\$31,401,713	78.7%	33,106,076	83.0%	94.9%	\$332,507	\$41,898,104	998,627	604,978
2011	\$41,915,573	\$30,873,817	(\$364,992)	\$30,508,825	72.8%	34,789,926	83.0%	87.7%	\$622,011	\$42,108,567	1,008,799	562,844
2012	\$43,809,059	\$32,121,314	(\$16,638)	\$32,104,676	73.3%	35,875,239	81.9%	89.5%	\$0	\$43,809,059	1,055,260	594,102
2013	\$48,642,462			\$36,686,635	75.4%	39,833,312	81.9%	92.1%				
2014	\$48,642,462			\$37,970,667	78.1%	39,833,312	81.9%	95.3%				
2015	\$52,107,021			\$39,299,641	75.4%	42,670,440	81.9%	92.1%				
2016	\$52,107,021			\$40,675,128	78.1%	42,670,440	81.9%	95.3%				
2017	\$55,818,344			\$42,098,758	75.4%	45,709,642	81.9%	92.1%				
2018	\$55,818,344			\$43,572,214	78.1%	45,709,642	81.9%	95.3%				
2019	\$59,794,006			\$45,097,242	75.4%	48,965,311	81.9%	92.1%				
2020	\$59,794,006			\$46,675,645	78.1%	48,965,311	81.9%	95.3%				
2021	\$64,052,834			\$48,309,293	75.4%	52,452,865	81.9%	92.1%				
2022	\$64,052,834			\$50,000,118	78.1%	52,452,865	81.9%	95.3%				
Past	\$173,283,994			\$134,916,011	77.9%							
Future	\$560,829,334			\$430,385,340	76.7%							
Lifetime	\$734,113,328			\$565,301,351	77.0%							

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17th, 2013

State:	Colorado	Filing Company:	Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Delta Dental Individual PPO, EHB Certified (PPACA dental filing)		
Project Name/Number:	Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES		

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1 Delta_Ren.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18 Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	See attached
Attachment(s):	2014 CO Delta Ind Act Memo REV 7-18.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Nationwide Experience
Comments:	
Attachment(s):	CO Delta Ren Ind Experience.pdf
Item Status:	
Status Date:	

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING # RENA-129072448	
1. Company: Renaissance Life & Health Insurance Company of America			
2. Person Responsible For Filing: Bethany Stecovich		3. Title: Compliance Specialist	
4. Address Of Responsible Person: P.O. Box 30381 Lar		5. Telephone #: (517) 347-5273 ext.	
6. Email Address: bstecovich@renaissancefamily.com			
7. Type Of Coverage: PPO Other :			
8. Medicare Supplement: N/A Not Applicable <input type="checkbox"/>			
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. Sub Category: Individual			
10. A. Group Information: N/A N/A N/A N/A B. Name of association or trust (<i>if applicable</i>): C. Description of discretionary group(<i>if applicable</i>):			
11. Colorado State Code(s): 850 Individual 642 Annual Health Rate Cert (4-2-11) - H21 N/A N/A N/A			
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): Individual Dental Rates			
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)		<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div>	
14. Policy Form(s) Affected: QINVD-100A-Delta-2014-CO			

15. If Rider Or Endorsement, Type Of Benefits?		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 0		
18. A. Rating Period: Select One From To		<input checked="" type="checkbox"/> N/A (New Product)
B. Experience Period: From To		
C. Reason for Rate Change:		
D. Average Change In Rates From One Year Prior To Effective Date:		
19. A. Rate Change Without Trend: 0.00		
B. Trend for Rating Period (if trend factor is used in rates): 0.00		
C. Overall Rate Impact Change: 0.00		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 0.00		
B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 0.00		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00		
B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00		
(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 81.90		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> N/A (New Product)
B. Projected Benefits Ratio Without Rate Change over Rating Period	<input type="checkbox"/> Colorado/Nationwide	
	<input type="checkbox"/> Nationwide Basis	
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: 01/01/2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$		<input checked="" type="checkbox"/> N/A (New Product)
B. Total Annual Colorado Written Premium After Change(s): \$		
C. Written Premium Change For This Product (Net Change): \$		
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing):		<input checked="" type="checkbox"/> N/A (New Product)
B. Previous SERFF Filing Number(s):		
C. Overall Percentage of Last Rate Change for Affected Policy Forms:		
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado Select One <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		

When completed, please hit the button to the right and also attach to filing in SERFF.

SUBMIT TO DIVISION

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 17th, 2013

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of initial rates for two plans under the Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing).

2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$22.75

The projected Index rate for the 70% AV pediatric dental plan is \$18.29

These are the only two EHB compliant pediatric dental products that will be offered in the Individual market. These products are subject to 45 CFR Part 156.80(d). A Pediatric plan is paired in conjunction with the plan design of the chosen individual product. See Exhibit 1 for further detail.

3. **Marketing Methods:** This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:

Plan Designs

The differences in the plans are the:

- Coinsurance percentages
- Network reimbursement
- Deductible
- Maximum payments (plan maximum for adults or out-of-pocket maximum for children)

Individual Characteristics

- Attained age of the insured upon issue and renewal
- Rating structure
 - 1-Person (ages 55 and older)
 - 1-Party/2-Party/Family (ages 54 and younger)

5. **Product Descriptions:** Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional

details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

6. **Policy/Rider Forms Impacted:** Policy form QINVD-100A-Delta-2014-CO is affected by this rate filing.
7. **Age Basis for Premiums:** Premiums will be charged on a renewal age basis in that the rates will be based on attained age upon issue and renewal.
8. **Renewability provision:** These policies are conditionally renewable.

B. Assumption or Acquisition

This product was not part of an assumption or acquisition of policies from another company.

C. Rating Period

The requested rates will be effective for new business as of 01/01/2014.

D. Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

E. Effect of Law Changes

Federal Law requires Individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for Pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for Pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Included in the attached Exhibits are the plan designs and proposed rates for the EHB Compliant Pediatric dental plans.

Under this from, the EHB pediatric coverage will apply to all individuals who qualify for pediatric coverage under State law. Non-EHB benefits will be available for all other individuals as specified in the policy.

F. Rate History

This is a new product filing. No rate adjustment history is available.

G. Coordination of Benefits

The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

	<u>Nationwide</u>	<u>Colorado</u>
Operating Expenses	10.4%	8.94%
Profit Margin	1.0%	1.0%
Premium Taxes	2.0%	2.0%
ACA Tax	0.7%	0.7%
Commissions & Brokerage	2.5%	2.5%
Contingencies	<u>1.5%</u>	<u>1.5%</u>
Total Retention	18.1%	16.64%

I. Projected Loss Ratio Experience

Nationwide Results		CO Results
Lifetime Loss Ratio	81.9%	83.36%
Future Loss Ratio	81.9%	83.36%
Minimum Loss Ratio	60.0%	60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined

Adult plans: For the adult plans, no additional rate development was utilized for this rate filing. Please see the 2013 rate filing for the policy INVD-100A-Delta for the rate development of the current rates.

Pediatric Dental (EHB compliant): For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits.

Adjustments were made according to both cost and utilization fee differences. The study data used to develop the relativities between the nationwide data and the state data comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine these cost and utilization differences.

For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

L. Trend

The trend assumption used in the development of the Pediatric rates is 3.5% per year. The claims trend is based upon RLHICA's national experience and supported by the claims trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility

No experience is available since this is a new product filing. Experience from a similar product was used to determine initial rates for this product.

Colorado experience is not fully credible. Using the guidelines presented in CO Regulation 4-2-11 Section 6 (M), the credibility weighting is 12.9% (33 Actual Life years / 2,000 as full standard over 3 years). Nationwide data was used in the development of the Colorado rates. See attached Exhibits 1 and 2 for experience for the Delta / Ren Individual product.

N. Data Requirements

No experience is available since this is a new product filing.

O. Side-by-Side

This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections

	<u>Adult Rates</u>	<u>Pediatric Rates</u>
Projected Premiums (Annual)	\$468	\$302
Projected Incurred	\$363	\$252
Projected Benefits Ratio	0.7753	0.8336
Requested Rate Change	0.0%	N/A

Q. Other Factors

1. Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

2. Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

3. Expenses

Total administrative expenses for this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 16.64%.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

4. Area Factors

The premium rates do not vary by area within the state of Colorado.

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type.

All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

R. **Rating Manuals and Underwriting Guidelines:** Please see the submitted CO Delta Ren Act Memo Exhibits.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
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Kevin Sule, FSA, MAAA
July 17th, 2013

Exhibit 1
Renaissance Life & Health Insurance Company of America
Form Number QINVD-100A-Delta-2014
Delta/Ren Colorado Experience

Most Recent 4 Quarters

	Earned Premium	Paid Claims	Change in Cln Liab	Incurred Claims	Incurred Loss Ratio	Expected Incurred Claims	Expected Loss Ratio	A/E Claims Ratio	Active Life Reserves as of Year End	Earned Prem Current Rate Basis	Exposure In Member Months	Number of Claims
	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(l)	(m)
Apr-12 - Mar-13	\$10,423	\$6,589	\$150	\$6,739	64.7%	\$8,651	83.0%	77.9%	0	10,423	223	104

Projection Assumptions									
Rate Increase effective 1/1/2014:	0.00%	Claim Trend^:	3.50%	Insurance Trend:	0.00%	Lapse Rate**:	0.00%		

With Requested Increase

Calendar Year	Earned Premium	Paid Claims	Change in Cln Liab	Incurred Claims	Incurred Loss Ratio	Expected Incurred Claims	Expected Loss Ratio	A/E Claims Ratio	Active Life Reserves as of Year End	Earned Prem Current Rate Basis	Exposure In Member Months	Number of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(l)	(m)
2007*	\$0	\$0	\$0	\$0	0.0%	0	88.6%	0.00%	\$0	\$0	-	-
2008	\$864	\$1,882	\$70	\$1,951	225.8%	766	88.6%	254.89%	\$0	\$1,137	24	19
2009	\$3,000	\$3,650	\$201	\$3,851	128.4%	2,467	82.2%	156.11%	\$0	\$3,223	68	24
2010	\$3,875	\$5,152	(\$92)	\$5,060	130.6%	3,186	82.2%	158.85%	\$54	\$4,218	89	65
2011	\$6,252	\$4,410	(\$52)	\$4,357	69.7%	5,141	82.2%	84.76%	\$89	\$6,208	131	70
2012	\$8,625	\$6,551	(\$3)	\$6,548	75.9%	7,092	82.2%	92.33%	\$0	\$8,625	182	89
2013	\$13,648			\$10,724	78.6%	11,222	82.2%	95.56%				
2014	\$13,648			\$11,099	81.3%	11,222	82.2%	98.91%				
2015	\$14,621			\$11,488	78.6%	12,021	82.2%	95.56%				
2016	\$14,621			\$11,890	81.3%	12,021	82.2%	98.91%				
2017	\$15,662			\$12,306	78.6%	12,877	82.2%	95.56%				
2018	\$15,662			\$12,737	81.3%	12,877	82.2%	98.91%				
2019	\$16,777			\$13,183	78.6%	13,794	82.2%	95.56%				
2020	\$16,777			\$13,644	81.3%	13,794	82.2%	98.91%				
2021	\$17,972			\$14,121	78.6%	14,777	82.2%	95.56%				
Past	\$13,991			\$15,220	108.8%							
Future	\$148,014			\$117,740	79.5%							
Lifetime	\$162,005			\$132,959	82.1%							

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Form Number QINVD-100A-Delta-2014-CO
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Projection Assumptions

Claim Trend: 3.50% Insurance Trend: 0.00% Lapse Rate**: 0.00%

With Requested Increase

Future Premium increases equal claim trend

Calendar Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Clim Liab (d)	Incurred Claims (e)=(c)+(d)	Incurred Loss Ratio (f)=(e)/(b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)=(g)/(b)	A/E Claims Ratio (i)=(e)/(g)	Active Life Reserves as of Year End (j)	Earned Prem Current Rate Basis (k)	Exposure In Member Months (l)	Number of Claims (m)
2007*	\$3,585,158	\$3,195,782	\$149,948	\$3,345,731	93.3%	3,176,450	88.6%	105.3%	\$0	\$3,149,346	73,400	55,090
2008	\$12,373,245	\$11,089,076	\$410,637	\$11,499,713	92.9%	10,962,695	88.6%	104.9%	\$0	\$14,429,887	331,430	199,804
2009	\$31,723,104	\$24,697,279	\$1,358,075	\$26,055,354	82.1%	26,336,109	83.0%	98.9%	\$102,304	\$33,259,158	782,756	201,676
2010	\$39,877,854	\$31,971,618	(\$569,905)	\$31,401,713	78.7%	33,106,076	83.0%	94.9%	\$332,507	\$41,898,104	998,627	604,978
2011	\$41,915,573	\$30,873,817	(\$364,992)	\$30,508,825	72.8%	34,789,926	83.0%	87.7%	\$622,011	\$42,108,567	1,008,799	562,844
2012	\$43,809,059	\$32,121,314	(\$16,638)	\$32,104,676	73.3%	35,875,239	81.9%	89.5%	\$0	\$43,809,059	1,055,260	594,102
2013	\$48,642,462			\$36,686,635	75.4%	39,833,312	81.9%	92.1%				
2014	\$48,642,462			\$37,970,667	78.1%	39,833,312	81.9%	95.3%				
2015	\$52,107,021			\$39,299,641	75.4%	42,670,440	81.9%	92.1%				
2016	\$52,107,021			\$40,675,128	78.1%	42,670,440	81.9%	95.3%				
2017	\$55,818,344			\$42,098,758	75.4%	45,709,642	81.9%	92.1%				
2018	\$55,818,344			\$43,572,214	78.1%	45,709,642	81.9%	95.3%				
2019	\$59,794,006			\$45,097,242	75.4%	48,965,311	81.9%	92.1%				
2020	\$59,794,006			\$46,675,645	78.1%	48,965,311	81.9%	95.3%				
2021	\$64,052,834			\$48,309,293	75.4%	52,452,865	81.9%	92.1%				
2022	\$64,052,834			\$50,000,118	78.1%	52,452,865	81.9%	95.3%				
Past	\$173,283,994			\$134,916,011	77.9%							
Future	\$560,829,334			\$430,385,340	76.7%							
Lifetime	\$734,113,328			\$565,301,351	77.0%							

SERFF Tracking #:

RENA-129072448

State Tracking #:

279048

Company Tracking #:

COR-2014-EHB INDV RATES

State: Colorado

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Delta Dental Individual PPO, EHB Certified (PPACA dental filing)

Project Name/Number: Delta Dental Individual PPO, EHB Certified/COR-2014-EHB INDV RATES

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/09/2013		Supporting Document	Actuarial Certification	07/18/2013	2014 CO Delta Ind Act Memo REV.pdf (Superceded)
07/09/2013		Rate	Colorado Actuarial Memorandum	07/18/2013	2014 CO Delta Ind Act Memo REV.pdf (Superceded)
06/14/2013		Rate	Colorado Actuarial Memorandum	07/09/2013	2014 CO Delta Ind Act Memo.pdf (Superceded)
06/14/2013		Supporting Document	Actuarial Certification	07/09/2013	CO Actuarial Memorandum - Delta_Ren.pdf (Superceded)
06/13/2013		Rate	Colorado Exhibits	07/18/2013	CO Delta Dental Ind PPO Exhibits - 2014.pdf

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of initial rates for two plans under the Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing).

2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$22.75

The projected Index rate for the 70% AV pediatric dental plan is \$18.29

These are the only two EHB compliant pediatric dental products that will be offered in the Individual market. These products are subject to 45 CFR Part 156.80(d). A Pediatric plan is paired in conjunction with the plan design of the chosen individual product. See Exhibit 1 for further detail.

3. **Marketing Methods:** This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:

Plan Designs

The differences in the plans are the:

- Coinsurance percentages
- Network reimbursement
- Deductible
- Maximum payments (plan maximum for adults or out-of-pocket maximum for children)

Individual Characteristics

- Attained age of the insured upon issue and renewal
- Rating structure
 - 1-Person (ages 55 and older)
 - 1-Party/2-Party/Family (ages 54 and younger)

5. **Product Descriptions:** Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional

details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

6. **Policy/Rider Forms Impacted:** Policy form QINVD-100A-Delta-2014-CO is affected by this rate filing.
7. **Age Basis for Premiums:** Premiums will be charged on a renewal age basis in that the rates will be based on attained age upon issue and renewal.
8. **Renewability provision:** These policies are conditionally renewable.

B. Assumption or Acquisition

This product was not part of an assumption or acquisition of policies from another company.

C. Rating Period

The requested rates will be effective for new business as of 01/01/2014.

D. Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

E. Effect of Law Changes

Federal Law requires Individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for Pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for Pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Included in the attached Exhibits are the plan designs and proposed rates for the EHB Compliant Pediatric dental plans.

Under this from, the EHB pediatric coverage will apply to all individuals who qualify for pediatric coverage under State law. Non-EHB benefits will be available for all other individuals as specified in the policy.

F. Rate History

This is a new product filing. No rate adjustment history is available.

G. Coordination of Benefits

The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

Operating Expenses	11.1%
Profit Margin	1.0%
Premium Taxes	2.0%
Commissions & Brokerage	2.5%
Contingencies	<u>1.5%</u>
Total Retention	18.1%

I. Projected Loss Ratio Experience

Nationwide Results

Lifetime Loss Ratio	81.9%
Future Loss Ratio	81.9%
Minimum Loss Ratio	60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined

Adult plans: For the adult plans, no additional rate development was utilized for this rate filing. Please see the 2013 rate filing for the policy INVD-100A-Delta for the rate development of the current rates.

Pediatric Dental (EHB compliant): For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits.

Adjustments were made according to both cost and utilization fee differences. The study data used to develop the relativities between the nationwide data and the state data comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine these cost and utilization differences.

For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

L. Trend

The trend assumption used in the development of the Pediatric rates is 3.5% per year. The claims trend is based upon RLHICA's national experience and supported by the claims trend experience

provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility

No experience is available since this is a new product filing. Experience from a similar product was used to determine initial rates for this product.

Colorado experience is not fully credible. Using the guidelines presented in CO Regulation 4-2-11 Section 6 (M), the credibility weighting is 12.9% (33 Actual Life years / 2,000 as full standard over 3 years). Nationwide data was used in the development of the Colorado rates. See attached Exhibits 1 and 2 for experience for the Delta / Ren Individual product.

N. Data Requirements

No experience is available since this is a new product filing.

O. Side-by-Side

This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections

No experience is available since this is a new product filing.

Q. Other Factors

1. Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

2. Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

3. Expenses

Total administrative expenses for this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 18.1%.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

4. Area Factors

The premium rates do not vary by area within the state of Colorado.

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type.

All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

- R. **Rating Manuals and Underwriting Guidelines:** Please see the submitted CO Delta Ren Act Memo Exhibits.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 9th, 2013

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of initial rates for two plans under the Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing).

2. **Requested Rate Action:** This is our initial rate filing.

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$22.75

The projected Index rate for the 70% AV pediatric dental plan is \$18.29

These are the only two EHB compliant pediatric dental products that will be offered in the Individual market. These products are subject to 45 CFR Part 156.80(d). A Pediatric plan is paired in conjunction with the plan design of the chosen individual product. See Exhibit 1 for further detail.

3. **Marketing Methods:** This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. This product will not be available on the Exchange on 01/01/2014.
4. **Premium Classifications:** Premium rates will vary according to the following:

Plan Designs

The differences in the plans are the:

- Coinsurance percentages
- Network reimbursement
- Deductible
- Maximum payments (plan maximum for adults or out-of-pocket maximum for children)

Individual Characteristics

- Attained age of the insured upon issue and renewal
- Rating structure
 - 1-Person (ages 55 and older)
 - 1-Party/2-Party/Family (ages 54 and younger)

5. **Product Descriptions:** Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional

details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

6. **Policy/Rider Forms Impacted:** Policy form QINVD-100A-Delta-2014-CO is affected by this rate filing.
7. **Age Basis for Premiums:** Premiums will be charged on a renewal age basis in that the rates will be based on attained age upon issue and renewal.
8. **Renewability provision:** These policies are conditionally renewable.

B. Assumption or Acquisition

This product was not part of an assumption or acquisition of policies from another company.

C. Rating Period

The requested rates will be effective for new business as of 01/01/2014.

D. Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

E. Effect of Law Changes

Federal Law requires Individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for Pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for Pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Included in the attached Exhibits are the plan designs and proposed rates for the EHB Compliant Pediatric dental plans.

Under this from, the EHB pediatric coverage will apply to all individuals who qualify for pediatric coverage under State law. Non-EHB benefits will be available for all other individuals as specified in the policy.

F. Rate History

This is a new product filing. No rate adjustment history is available.

G. Coordination of Benefits

The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

Operating Expenses	11.1%
Profit Margin	1.0%
Premium Taxes	2.0%
Commissions & Brokerage	2.5%
Contingencies	<u>1.5%</u>
Total Retention	18.1%

I. Projected Loss Ratio Experience

Nationwide Results

Lifetime Loss Ratio	81.9%
Future Loss Ratio	81.9%
Minimum Loss Ratio	60.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined

Adult plans: For the adult plans, no additional rate development was utilized for this rate filing. Please see the 2013 rate filing for the policy INVD-100A-Delta for the rate development of the current rates.

Pediatric Dental (EHB compliant): For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits.

Adjustments were made according to both cost and utilization fee differences. The study data used to develop the relativities between the nationwide data and the state data comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine these cost and utilization differences.

For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

L. Trend

The trend assumption used in the development of the Pediatric rates is 3.5% per year. The claims trend is based upon RLHICA's national experience and supported by the claims trend experience

provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility

No experience is available since this is a new product filing. Experience from a similar product was used to determine initial rates for this product.

Colorado experience is not fully credible. Using the guidelines presented in CO Regulation 4-2-11 Section 6 (M), the credibility weighting is 12.9% (33 Actual Life years / 2,000 as full standard over 3 years). Nationwide data was used in the development of the Colorado rates. See attached Exhibits 1 and 2 for experience for the Delta / Ren Individual product.

N. Data Requirements

No experience is available since this is a new product filing.

O. Side-by-Side

This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections

No experience is available since this is a new product filing.

Q. Other Factors

1. Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

2. Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

3. Expenses

Total administrative expenses for this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 18.1%.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

4. Area Factors

The premium rates do not vary by area within the state of Colorado.

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type.

All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

- R. **Rating Manuals and Underwriting Guidelines:** Please see the submitted CO Delta Ren Act Memo Exhibits.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
July 9th, 2013

Renaissance Life and Health Insurance Company of America (RLHICA)
Actuarial Memorandum
Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing)
Form Number QINVD-100A-Delta-2014-CO

A. Summary

1. **Reason for Rate Filing:** The purpose of this filing is to;
 - a. Comply with the Colorado state statutes governing health insurance rate and form filings.
 - b. Request approval of initial rates for two plans under the Delta Dental Individual PPO, EHB Certified Product (PPACA dental filing).

2. **Requested Rate Action:** This is our initial rate filing.

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The projected Index rate for the 70% AV pediatric dental plan is \$18.29

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4. **Premium Classifications:** Premium rates will vary according to the following:

Plan Designs

The differences in the plans are the:

- Coinsurance percentages
- Network reimbursement
- Deductible
- Maximum payments (plan maximum for adults or out-of-pocket maximum for children)

Individual Characteristics

- Attained age of the insured upon issue and renewal
- Rating structure
 - 1-Person (ages 55 and older)
 - 1-Party/2-Party/Family (ages 54 and younger)

5. **Product Descriptions:** Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional

details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

6. **Policy/Rider Forms Impacted:** Policy form QINVD-100A-Delta-2014-CO is affected by this rate filing.
7. **Age Basis for Premiums:** Premiums will be charged on a renewal age basis in that the rates will be based on attained age upon issue and renewal.
8. **Renewability provision:** These policies are conditionally renewable.

B. Assumption or Acquisition

This product was not part of an assumption or acquisition of policies from another company.

C. Rating Period

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D. Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

E. Effect of Law Changes

Federal Law requires Individuals to reasonably obtain coverage for each Essential Health Benefit (EHB) for Pediatric dental benefits. As a stand-alone Dental carrier, RLHICA is filing this document to demonstrate and certify that the benefits for qualified dependents will conform to the minimum level of the Essential Health Benefits for Pediatric dental. For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Included in the attached Exhibits are the plan designs and proposed rates for the EHB Compliant Pediatric dental plans.

Under this from, the EHB pediatric coverage will apply to all individuals who qualify for pediatric coverage under State law. Non-EHB benefits will be available for all other individuals as specified in the policy.

F. Rate History

This is a new product filing. No rate adjustment history is available.

G. Coordination of Benefits

The loss experience for this product is net of savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium

This form is priced at a target loss ratio in excess of 60% as required by item H-3-b of Section 6 of Amended Regulation 4-2-11.

Operating Expenses	11.1%
Profit Margin	1.0%
Premium Taxes	2.0%
Commissions & Brokerage	2.5%
Contingencies	<u>1.5%</u>
Total Retention	18.1%

I. Projected Loss Ratio Experience

Nationwide Results

Lifetime Loss Ratio	81.9%
Future Loss Ratio	81.9%
Minimum Loss Ratio	55.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

J. Provision for Profit and Contingencies

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

K. Complete Explanation as to How the Proposed Rates Were Determined

Adult plans: For the adult plans, no additional rate development was utilized for this rate filing. Please see the 2013 rate filing for the policy INVD-100A-Delta for the rate development of the current rates.

Pediatric Dental (EHB compliant): For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for states with similar practice patterns and patient experience. At the treatment category level, patient costs per member per month were determined for each child. Each state and its respective experience were then compared to the nationwide levels to develop relativities between the state and the nationwide benefits.

Adjustments were made according to both cost and utilization fee differences. The study data used to develop the relativities between the nationwide data and the state data comprised almost \$715 million in annually incurred claims across 1.8 million members. For the state of Colorado, approximately 11,216 patients had their experience analyzed to determine these cost and utilization differences.

For the state of Colorado, the modeled essential health benefit plan was the Colorado CHIP Program (to the extent that data was available). Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

L. Trend

The trend assumption used in the development of the Pediatric rates is 3.5% per year. The claims trend is based upon RLHICA's national experience and supported by the claims trend experience

provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

M. Credibility

No experience is available since this is a new product filing.

N. Data Requirements

No experience is available since this is a new product filing.

O. Side-by-Side

This is an initial rate filing and side-by-side comparisons would not apply.

P. Benefits Ratio Projections

No experience is available since this is a new product filing.

Q. Other Factors

1. Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

2. Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

3. Expenses

Total administrative expenses for this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 18.1%.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

4. Area Factors

The premium rates do not vary by area within the state of Colorado.

5. Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

6. Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type.

All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

7. Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

R. **Rating Manuals and Underwriting Guidelines:** Please see the submitted CO Delta Ren Act Memo Exhibits.

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1).
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Colorado.



Kevin Sule, FSA, MAAA
June 14, 2013

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. **For additional information and tables to be added please enter in the “additional information” field under each section where appropriate.** Review Colorado Regulation 4-2-11 Section 6 for detailed instructions at: http://www.dora.state.co.us/insurance/regs/F4-2-11_1109.pdf

General filing requirements, Actuarial Certification requirements, and submission requirements are identified in [Section 5](#) of Colorado Regulation 4-2-11. For requirements by line of business, see [Section 7](#) of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	
NAIC #:	
SERFF Filing #:	

A: SUMMARY

1. Reason(s):	
2. Marketing method(s):	<input type="checkbox"/> Agency / Broker <input type="checkbox"/> Internet <input type="checkbox"/> Direct Response <input type="checkbox"/> Other:
3. Premium Classification(s):	
4. Product Description(s):	
5. Policy Forms Impacted:	
6. Age Basis:	<input type="checkbox"/> Issue Age <input type="checkbox"/> Renewal Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Both Issue & Attained Age Other:
Additional Information:	

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition, or merger (from or with another company)?			
Assumption:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Acquisition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Merger:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. If yes, provide name of company(s):			
3. Closing Date of assumption, merger or acquisition:			
Additional Information:			

C. RATING PERIOD

Proposed Effective Date:	(MM/DD/YYYY)
Rating Period:	to
Additional Information:	

D. UNDERWRITING1. ☐ New ProductProvide a brief description, including expected impact
on claim costs by duration and in total:2. ☐ Existing Product

Provide Changes:

Additional Information:

E. EFFECT OF LAW CHANGESIdentify and quantify changes resulting from
mandated benefits and other law changes:☐ N/A

Additional Information:

F. RATE HISTORY

Provide rate changes made in at least the last three years (If available)

☐ Initial Filing**COLORADO**

State Tracking Number or SERFF Tracking Number	Effective Date	% OF CHANGE			
		Minimum	Average	Maximum	Cumulative for past 12 Months
			0%		0.00%
			0%		0.00%
			0%		0.00%
			0%		0.00%
			0%		0.00%
			0%		0.00%
			0%		0.00%

NATIONWIDE

Effective Date	Average % of change	Cumulative for past 12 Months
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%

Additional Information:

G: COORDINATION OF BENEFITS

Provides actual loss experience net of any savings:

Yes ☐ No ☐

Additional Information:

H. RELATIONSHIP OF BENEFITS TO PREMIUM1. *Medicare Supplement and Long-Term Care Policies:* See Section 7(E) and 7(F) of this regulation.2. *Retention Percentage:*

- Adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
- Each component should reflect the average assumption used in pricing averaged over all pricing cells, policy durations, benefit levels, etc. Change descriptions as necessary.
- If the product **was not** initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the **targeted** loss ratio.
- If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the **lifetime** loss ratio.

Description	Percentage	Support
Commissions	%	
General expenses	%	
Premium taxes	%	
Profit/Contingencies	%	
Investment Income	%	
Other	%	
	%	
	%	
Total Retention	0.00%	

Benefits Ratio Guidelines: The Division recommended benefit ratio guidelines are listed below. Targeted loss ratios below these guidelines shall be actuarially justified. Policy forms priced at, or above, these benefits ratios may be unacceptable, if one or more of the retention components is not supported.

Minimum Loss Ratio Guidelines	
Comp Major Med (Individual)	65%
Comp Major Med (Small Group)	70%
Comp Major Med (Large Group)	75%
Specified or Dread Disease	60%
Limited Benefit Plan	60%
Disability Income	60%
Dental/Vision	60%
Stop Loss	60%
Conversion Products (mandatory minimum)	125%

For individual products issued to HIPAA eligible individuals, the premiums for these products cannot be more than 2 times the premiums for the underlying underwritten product.

Targeted Loss Ratio:

(This number should equal 1 minus the total retention percentage listed above.)

100%

Additional Information:

I. LIFETIME LOSS RATIO <input type="checkbox"/> N/A					
1. Was the product priced initially using a lifetime loss ratio standard?			<input type="checkbox"/> Yes <input type="checkbox"/> No If so please provide %		
2. Average policy duration in years as of the end of the experience period:					
3. Experience Period:					
Experience Period					
Year	Earned Premiums	Incurred Claims	Actual Benefit Ratio	Expected Benefits Ratio	Ratio of Actual/ Expected Benefits Ratio
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
Rating Period					
Year	Earned Premiums	Incurred Claims	Projected Benefits Ratio	Expected Benefits Ratio	Ratio of Projected/ Expected Ratio
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
			NaN%	0%	0
Note If additional information is required (extremely large tables) Please copy and paste tables into the row below labeled "additional information" or attach properly labeled exhibits and list exhibit name under additional information.					
4. Interest Rate used to determine accumulated values and present values in the above tables:			%		
Additional information:					

J. PROVISION FOR PROFIT AND CONTINGENCIES

If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process.

1. Provision for Profit and Contingencies: % Pre-FIT ☐ After tax ☐

2. Proposed load in excess of 7% after tax.
Provide detailed support: %

Additional information:

K. DETERMINATION OF PROPOSED RATES

Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis.

1. Explain, in detail, how rates and/or rate changes were developed:

2. Provide adequate support for all assumptions and methodologies used:

Additional Information:

L. TREND

- Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and must also be appropriate for the specific line of business, product design, benefit configuration, and time period.
- Any and all factors affecting the projection of future claims must be presented and adequately supported.
- If practical, separately list each trend component using the categories below. The Total Average Annualized Trend MUST be filled out
- Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Itemized trend component	Trend (%)
MEDICAL TREND (total)	%
Medical provider price increase	%
Utilization changes	%
Medical cost shifting	%
Medical procedures and new technology	%
INSURANCE TREND (total)	%
Underwriting wearoff	%
Deductible leveraging	%
Antiselection	%
PHARMACEUTICAL TREND (total)	%
Price increases	%
Utilization changes	%
Cost shifting	%
Introduction of new brand and generic drugs	%
TOTAL AVERAGE ANNUALIZED TREND (required)	%

Additional information:

M. CREDIBILITY

The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

- Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible.
- Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard.
- The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{life years or claims}) / \text{full credibility standard}\}$. The full credibility standard is defined above.

1. Credibility Percentage (Colorado Only):

% If other, please specify

The above credibility percentage is based upon:

- ☐ Life Years ☐ Claims
☐ Other (please specify)

2. Number of years of data used to calculate above credibility percentage:

3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.

Additional Information: (including collateral data, if used)

N. DATA REQUIREMENTS

Colorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO

Year*	Earned Premium	Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2007	\$0.00	\$0.00	NaN%			
2008	\$0.00	\$0.00	NaN%			
2009	\$0.00	\$0.00	NaN%			
01/2010 – MM/2010	\$0.00	\$0.00	NaN%			
	\$0.00	\$0.00	NaN%			
	\$0.00	\$0.00	NaN%			

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:

- ☐ N/A ☐ Existing Product ☐ Comparable Product ☐ Other _____ (please specify)

OTHER DATA

Year	Earned Premium	Incurred Claims	Average Covered Lives	Number of Claims

Above data is for:
(Check all the apply)

- ☐ N/A ☐ Existing Product ☐ Comparable Product ☐ National
☐ Other (please specify) _____

Experience Period:

From to

Additional Information:

O. SIDE-BY-SIDE COMPARISON☐ N/A

If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

P. BENEFITS RATIO PROJECTIONS**PROJECTED EXPERIENCE FOR RATING PERIOD**

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$0.00	\$0.00	0.00%
Projected Experience With Rate Change	\$0.00	\$0.00	0.00%
If priced using a lifetime loss ratio standard, the above projections should show the projected lifetime loss ratios and should include the entire lifetime of the product(s), or a time frame over which the lifetime loss ratio will be achieved. Above projections include (check only one box):	<input type="checkbox"/> Colorado <input type="checkbox"/> Nationwide <input type="checkbox"/> Blended CO/Nationwide <input type="checkbox"/> Other (please specify) _____		
Additional Information:			

Q. OTHER FACTORS

Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	
Additional Information:	